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ADVISORY NOTICE

No. 10-003

SUBJECT: National Shortages of Pre-Filled Epinephrine 1:10,000 and Morphine Syringes

ISSUED: 4 June 2010

The Division of EMS has recently been informed of a nationwide shortage of the medications indicated below. These shortages are expected to last through the end of summer. All providers must remain diligent and utilize the "rights" of medication administration to prevent any errors or dosage deviations.

Epinephrine 1:10,000 – Currently the pre-filled Epinephrine 1:10,000 syringes all providers are familiar with are on a nationwide back order. Many hospitals have already depleted their stock of this pre-filled syringe administration system and all pharmacies are trying to make arrangements to address this need for both pre-hospital and in-hospital providers.

Should pre-filled Epinephrine 1:10,000 syringes be unavailable, EMTs may use the following alternative:

> Epinephrine 1:1,000 1 mg ampule accompanied by a 10cc pre-filled saline syringe with a filter needle. The instructions offered by the pharmacists are to empty 1cc of saline out of the pre-filled syringe, replacing it by drawing the 1 mg of Epinephrine 1:1000 and administering it through the filtered needle to the patient.

This of course offers a potential for medication deviations as well as dosage issues so absolute care and precaution must be undertaken by the provider to assure the safe draw, delivery and disposal of this medication and administration set. A filtered needle is absolutely required to prevent any potential of aspirated glass fragments from the draw to be unintentionally injected into the patient.

Morphine Sulfate (MSO_4) – Currently the only available replacement for Morphine may be a 10 mg pre-filled syringe. All providers should administer Morphine as indicated by patient care protocols; however they can expect to receive only the 10 mg pre-filled syringe as an exchange.

NOTE: Providers are reminded to remain vigilant regarding their documentation of narcotics use. Considering the 10 mg pre-filled syringe, there will likely be both an increase to the par level of Morphine stocked in ambulances and an increase in medication waste. Be sure to document clearly in the narcotics log a complete count of medication as well as replacement medications and be sure to assure the appropriate dosage prior to administration. All wastage of a narcotic should be in the presence of a hospital staff member, either a nurse, physician or pharmacy staff member, the witness's name should be recorded in the narcotics log and, when possible, the signature of the witness as well.

The Department of Health is working with hospitals to address challenges presented by this shortage, including the question of how EMS providers will be re-supplied under the mandatory exchange program. Further information will be promulgated by the Division of EMS as it becomes available.

Adapted, with permission, from guidance developed by Brian Dansereau, Director of Service Quality, Alert Ambulance Inc.